

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) <div style="text-align: center;"> <div style="display: inline-block; width: 30px; text-align: center;">2</div> <div style="display: inline-block; width: 30px; text-align: center;">/</div> <div style="display: inline-block; width: 30px; text-align: center;">26</div> <div style="display: inline-block; width: 30px; text-align: center;">/</div> <div style="display: inline-block; width: 30px; text-align: center;">15</div> </div>			Name of Building Owner/Operator (2) Avantor Performance Materials, Inc.						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # 0 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 600 N. Broad St. City, State, Zip Code Phillipsburg, NJ 08865 Name of Contact Wendi Kalley Telephone Number 908-859-9424					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Avantor Performance Materials				Type of Facility (4) <input type="checkbox"/> School (K12) <input type="checkbox"/> Subchapter 8 (Other than K12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 600 N. Broad St.				Square Feet 8000					
City (5) Phillipsburg, NJ 08865				# of Floors 1					
County (6) Warren				Bldg. Age 75					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Manufacturing							
Name of Monitoring Firm Hired by Building Owner (8) Accredited Environmental Technologies		ASCM No. NA		Name of Abatement Contractor (9) Alliance Environmental Systems					
Street Address 28 N. Pennell Rd.		Street Address 550 East Union St.							
City, State, Zip Code Media, PA 19063		City, State, Zip Code West Chester, PA 19382							
Project Manager for Monitoring Firm Dave Turotsy		Telephone No. 610-891-0114		License No. 00508					
Start Date (10) <div style="text-align: center;"> <div style="display: inline-block; width: 30px; text-align: center;">3</div> <div style="display: inline-block; width: 30px; text-align: center;">/</div> <div style="display: inline-block; width: 30px; text-align: center;">12</div> <div style="display: inline-block; width: 30px; text-align: center;">/</div> <div style="display: inline-block; width: 30px; text-align: center;">15</div> </div>		Scheduled Completion Date (11) <div style="text-align: center;"> <div style="display: inline-block; width: 30px; text-align: center;">3</div> <div style="display: inline-block; width: 30px; text-align: center;">/</div> <div style="display: inline-block; width: 30px; text-align: center;">13</div> <div style="display: inline-block; width: 30px; text-align: center;">/</div> <div style="display: inline-block; width: 30px; text-align: center;">15</div> </div>		Name of OSHA Monitor AET					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7 AM- 3:30 PM- 3 AM				Street Address 28 N. Pennell Road City, State, Zip Code Media, PA 19063					
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> MiniEnclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulation	Enclosure
Bldg. 97 Lab	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler David Geppert Recycling		NJDEP Waste Hauler ID No.		Cubic Yards of Waste 2	Name of Registered Landfill Western Berks Community Landfill				
City, State Hatfield, PA				Disposal Date TBD	City, State Birdsboro, PA				
Completed By (Print or Type) Mark Griffin		Title Estimator		Signature		Date			